

DEPARTMENT OF COMMERCE  
BUREAU OF PUBLIC HEALTH

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

38207

Registration District No. 677

Primary Registration District No. 4403

State File No. \_\_\_\_\_  
Registrar's No. 5

1. PLACE OF DEATH:

- (a) County R. Phelps  
(b) City or town Rosea  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Charles Russ Rhodes

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 541-034786

4. Sex male 5. Color or race white 6. (a) Single, divorced, married, divorced

6. (b) Name of husband or wife Mildred Rhodes 6. (c) Age of husband or wife If alive \_\_\_\_\_ years

7. Birth date of deceased Mar. 5 1913  
(Month) (Day) (Year)

8. AGE: Years 27 Months 9 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Edwards Ark  
(City, town, or county) (State or foreign country)

10. Usual occupation Chemical Worker

11. Industry or business \_\_\_\_\_

12. Name Charles Warden Rhodes

13. Birthplace Ark  
(City, town, or county) (State or foreign country)

14. Maiden name Allegata Seenis

15. Birthplace Mt. Daley Ark  
(City, town, or county) (State or foreign country)

16. (a) Informant Seenis Rhodes

(b) Address Mahon Ark

17. (a) Removal (b) Date thereof Jan 4 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mahon Ark

18. (a) Signature of funeral director Will Shaw

(b) Address Rosea Mo

19. (a) Jan. 3, 1941 (b) Joe F. Ayers  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Phelps  
(c) City or town Rosea  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? 3 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 2  
year 1941 hour 11 minute 03 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him alive on dead Jan. 2, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Broken Neck Duration \_\_\_\_\_

Broken Neck

Due to Train Striking

Automobile

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Jan. 2, 1941

(c) Where did injury occur? 1221st Ry Crossing  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? (Specify type of place) (e) Means of injury

23. Signature R. S. Mule (Mr. D. or other)

Address Rosea Mo Date signed 1-3-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

7-2-41

State Highway Dept. gives place of  
residence as - Malvern Ark.

RECEIVED

District Health Officer No. 5,

District File Number 241184

Date Filed \_\_\_\_\_

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

Signed \_\_\_\_\_

Licensed Embalmer No. 3397

P. O. Address Reese mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.